

IN PATIENT SUMMARY BILL

UHID : MHC202401505

IP No : IPC2024000077

Patient name : Mrs.SHANTHI.K

Age : 46 Y 0 M 1 D/Female

Bill No : MMH/CM/IP202400076

Bill Date : 11/01/2024

DOA : 10/1/2024 4:43AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 2,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 200.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 1,100.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 375.00
9	PROFESSIONAL TEAM FEES	₹ 1,200.00
Gross Amount		₹ 6,425.00
Net Payable		₹ 6,425.00
Received Amount		₹ 6,425.00

Received Amount in Words : Six Thousand Four Hundred Twenty-Five Only

IMANUVEL

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/01/2024	MMH/CM/RECB202401	CASH	Collected Amount	6,425.00